



Case report

Heroin body packer's death in Haryana; India: A case report



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ABSTRACT

We report a case of death due to heroin leakage in a body packer, attempting to smuggle the drug by concealing it in his gastro-intestinal tract. The body was recovered 3–5 days of incidence that was confirmed by autopsy. Fifty pellets (packages) were recovered from the body, 42 identical oval shaped “egg” packages were found in the stomach out of which two were damaged, 6 in small intestine, 2 in large intestine. The total weight of the powder was 267 g. Toxicological analysis of the powder samples from the damaged package and other 48 packages was performed and was found positive for heroin, caffeine and codeine. The main pathological findings at autopsy were pulmonary and cerebral edema. This case illustrates the challenges in postmortem evaluation of narcotic fatalities and the need to consider factors such as ante-mortem history, thorough post mortem examination, toxicology results and photography in forensic diagnosis. This case is unique in the sense that cause of death was intoxication caused by leakage of heroin from damaged packages detected at autopsy and demonstrates that body packing is an existing problem in India.

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1. Introduction

Body packers are people who illegally carry narcotic drugs, mostly cocaine and heroin in their body, either by swallowing or inserting them into the rectum or vagina as sealed pellets or packages, across borders without being detected. Concealment and transport of narcotic material is one of the major businesses with high profits all over the world, attracting the attention of criminal minds toward this trade. Body packers may also be called “swallowers”, “internal carriers”, “couriers”, or “mules”.

Each packet of opium, heroin, cocaine or amphetamine contains a life-threatening dose of the drug.^{1–3} These drugs are wrapped in the form of capsules, in condoms, balloons, plastic bags or fingers of latex gloves and placed in various anatomical cavities or body orifices.^{1–4} Identification of suspected persons is difficult for the custom authorities at the national borders or airports.^{4–6}

The body packers are especially prone to rupture of the packets and consequent toxicity. In addition, gastrointestinal (GI) obstruction may occur and also there are some reports about upper GI

hemorrhage caused by prolonged pressure of the packets on the gastric mucosa.⁷

The cases of accidental intoxication may actually decrease as the packing procedure improves. Though being at a high risk, only a few body packers die as result of the toxicity due to leakage of an internally concealed container and most of them carry their cargo successfully.⁸

Forensic physicians and toxicologists sometimes discover the concealed drug containers through autopsy of dead cases with unknown causes.³

The smuggling of drugs by means of body packing is not a traditional method. In the present paper, a case of a heroin body packer is being discussed whose body was found alongside the (N.H-1) G.T. road in Haryana as an unknown dead body. Death was due to intoxication caused by leakage from damaged drug packages which were detected at autopsy. Autopsy was performed three days after the death and revealed that body packer was carrying 50 heroin packages in GIT. Probably he swallowed the packets to hide them from custom authorities and police. Ingested packages consisted of soft oval shape egg packages of concentrated heroin mostly wrapped in polythene and some were also covered with pieces of balloon rubber and cellophane tape and doubly tied to avoid leakage. On examination of dead body forty two packages were found in stomach out of which two were found damaged, six

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were found near the ileo-caecal valve and two at the mid of descending colon.

2. Case report

2.1. Autopsy findings

It was a dead body of a Mohmedan male aged about 35 years which was found alongside the (N.N-1) G.T. road. Body was referred from the district hospital to the Department of Forensic Medicine, University of Health Sciences, Rohtak, Haryana because the body was highly decomposed and no cause of death could be ascertained by board of medical officers of district hospital. The apparent cause suggested by police from circumstance was due to starvation. Body was examined by authors. It was emitting foul smell; maggots of size 0.5–1 cm were crawling all over the body. It was in advanced stage of decomposition. No evidence of trauma was evident. There was marked congestion of cerebral vessels, but no evidence of intracranial hemorrhage. Coronal and transverse sections of the brain were unremarkable. The stomach contained moderate amount of whitish-yellow paste like material and forty two egg shaped packages (Figs. 1 and 2) wrapped in plastic wrapper out of which forty were intact and two were partially damaged (Fig. 3).

The gastric mucosa was markedly congested with no ulcerations. The jejunum and ileum contained six egg shaped packages and descending colon also contained two egg shaped packages. The mucosa of the duodenum was congested. There was no evidence of intestinal obstruction.

Pleural, pericardial and peritoneal cavities contained blood tinged fluid. The lungs were found edematous. On cut section blood tinged fluid came out. Liver, spleen and kidneys were found congested. So from internal examination it was evident that 42 egg shaped packages (pellets) wrapped in plastic wrapper were present



Fig. 2. Egg shape heroin package in different colour polypack in stomach.



Fig. 1. Egg shape heroin package in stomach. Stomach mucosa congested.



Fig. 3. Two partially damaged packages.



Fig. 4. Heroin package wrapped in multiple layers of polythene and cellophane tape.

in stomach. 6 packages were present in small intestine and 2 packages were present in large intestine.

2.2. Toxicological findings

Net wt. of all packets (Numbered 1–50) was 267.49 g. Out of 50 pellets (packages) two were damaged having individual wt. 4.96 g and 2.53 g. Packages 1 to 37 were brown/white soft pellets, each individually and firmly wrapped in multiple layers (3–4) of polythene pieces. (Wt. varying from 4.3 to 6.86 g.) Package 38 was brown/white pellet firmly wrapped in multiple layers of polythene pieces and package 40 was wrapped in multiple layers of orange colored piece of balloon rubber, net wt. of 38 and 40 was varying from 6.64 to 5.44 g respectively. Package 39 and 41 to 48 were off white color pellets each individually wrapped in multiple layers of polythene and cellophane tape (Fig. 4).

Wt. of packages 39 was 4.4 g and Wt. of packages 41–48 was vary from 4.41 g to 5.87 g. Packages 49 & 50 were light brown color pellets each individually contained paste like material in the partially damaged multiple layers of polythene. Net wt. was 4.96 g and 2.53 g respectively. Each packet contained diacetyl morphine (heroin), monoacetyl morphine, codeine, diacetylcodeine and caffeine. Percentage of diacetyl morphine varied from 5.6 to 27.8%. Stomach contained morphine, caffeine and codeine. Intestine, liver, spleen and kidney contain morphine and codeine.

3. Discussion

Body packing is more commonly associated with smuggling of cocaine. It has also been reported in cases of other drugs, especially heroin. A body packer or mule is an individual who attempts to transport illicit drugs from one country to another by ingesting wrapped packages, or condoms, or balloons containing concentrated cocaine or heroin. After arrival at the destination, cathartics are self-administered and the packets are defaecated out. Sometimes rectal suppositories or disposable enemas are used. Although generally asymptomatic, in a few cases serious toxicity may result due to rupture of packets.⁹

Narcotics are reported to be have been smuggled in condoms. These condoms, filled with narcotics and tightly tied, are

swallowed in the form of balls (each 2–3 cm in diameter) before flying to another country. A constipating drug may also be taken. Later, these are retrieved from the stools, on reaching the other country. While carrying these, the smuggler may die due to the bursting or leaking of one of these condom balls containing the narcotics. If a foreigner is found dead in a hotel, the entire alimentary canal should be laid open to discover a burst or a leaking condom and intact condoms filled in with narcotics. The anus/anal canal and/vagina should be properly searched.¹⁰

Death due to intestinal obstruction and perforation has been reported in heroin body packers.¹¹ The most important medical complications of body-packing include partial or complete gastrointestinal tract obstruction and drug intoxication following leakage or due to rupture of the covering materials, however most cases do not experience complication and packages may pass spontaneously or pass with the use of laxatives but rarely surgical removal is indicated. The main indications for surgery remain bowel obstruction and drug toxicity.

It is a common, but medically dangerous way of smuggling small amounts of drugs: a mule can die if a packet bursts or leaks before exiting the body as observed in the cited case. Body-packing is a recognized means of international drug smuggling. The first case reported in the medical literature was in 1973, describing a patient who had swallowed a condom filled with hashish.¹²

Wilcher G. had observed intracorporeal concealment of illicit drug in 5 cases during autopsy examinations. He observed three different forms of anatomic concealment of drugs. One case involved therapeutic medication in the form of glass ampoules for parenteral injection; the other three were the result of acute toxicity due to polydrug abuse and not as a consequence of rupture of the intracorporeal drug concealments, which were adjunct finding at the autopsy. The cause of death in fifth was the direct result of acute cocaine intoxication due to rupture of drug packages in the rectum and its consequent mucosal absorption.¹³ The cause of death in our case was diacetyl-morphine (Heroin) intoxication due to rupture of drug package in the stomach.

Gill JR, Graham SM had reviewed 50 body packer deaths in New York City from 1990 to 2001. They found that the majority (37/50) of deaths were caused by acute intoxications due to opening or leakage of drug packets in the gastrointestinal tract. The number of packets recovered weighed from 1 g to 111 g (average 46 g). The weight of all packets in a body packer ranged from 9.4 g to 1200 g (average of 377 g). The manner of death observed by them was accidental (47), homicidal (1), natural (1) and undetermined (1). The cause of death was acute intoxication in 42 cases, intestinal obstruction/bowel perforation in 5, gunshot wound in 1, intracerebral hemorrhage due to hypertensive disease in 1 and remained undetermined in 1 case. Of the 50 decedents, 42 were transporting opiates, 4 cocaine and remaining 4 both opiates and cocaine.¹⁴ In our case the number of packets was 50 and their weight varied from 4 to 6 g. The manner of death was accidental and cause of death was diacetyl morphine (heroin) intoxication.

Wetli CV, Mittlemann RE investigated ten fatalities and one survivor of attempts to smuggle cocaine within the body. All victims had recently returned to the United States on flights from South America. Balloons, condoms, or plastic bags filled with 3–6 g of cocaine each were swallowed and found in the gastrointestinal tract of eight victims. They suggested that the “body packer syndrome” should be considered in any international traveler who dies suddenly, has seizures, or presents with any signs consistent with cocaine toxicity.¹⁵ In our case the weight of the packets swallowed by body packer was similar to above cited case ranging from 4 to 6 g containing diacetyl morphine (heroin), monoacetyl morphine, codeine, diacetylcodeine and caffeine.

Barnett JM and Codd G also observed a dead body of similar case of cannabis body packer in November 2000. They observed that the deceased had visited northern India two days before his death. At post-mortem he was found to have 55 packages of cannabis resin in the large intestine, wrapped in cellophane. Subsequent search of the flat by the police revealed the presence of a further 133 similar packages in the fridge, suggesting that he had concealed 188 packages in total. The cause of death was given as peritonitis due to perforation of the distal large intestine caused by swallowing the packages.¹⁶ In our case some of the packets were wrapped in polythene and cellophane similar to cellophane mentioned above.

Kenichi Takekawa, Takeshi Ohmori encountered three methamphetamine (Methyl Amphetamine) body packers presenting simultaneously, one of whom died. These were Nigerian men (aged 39, 35, and 37 years) who attempted to smuggle narcotics and were found to contain 35 (498 g), 21 (292 g), and 5 packages (73 g) of methamphetamine hydrochloride (MA-HCl) in their stomachs, respectively. The 39-year-old man died with acute poisoning from MA-HCl that had leaked from the packages into the stomach. Autopsy findings showed extreme pulmonary congestion and edema as well as moderate hepatic edema and several petechiae.¹⁷ In our case autopsy findings were similar with pleural, pericardial and peritoneal cavities containing blood tinged fluid and the lungs were edematous.

The first autopsy on a narcotic fatality described cerebral and pulmonary congestion in 1852. Additional signs may include portal adenopathy, track marks, renal nephropathy and leukencephalopathy. These pathological signs are considered “typical” but “neither certain nor characteristic”, thus a thorough clinical and decedent history is often more revealing than the autopsy. Toxicology finding may not be particularly useful, thus in conducting a forensic investigation of death due to narcotism, it is important to consider all factors rather than one or two in isolation.¹⁸ The internal examination in our case showed that there was marked congestion of cerebral vessels. The stomach contained moderate amount of whitish-yellow paste like material. The gastric mucosa was markedly congested with no ulceration. The mucosa of the duodenum was also congested. Pleural, pericardial and peritoneal cavities contained blood tinged fluid. The lungs were edematous. On cut section blood tinged fluid came out. Liver, spleen and kidneys were found congested.

Drug trafficking is perhaps the most serious organized crime affecting the country and is truly transnational in character. Manufacture of Heroin and its use in Medicine is banned nowadays but it is being illegally manufactured and smuggled, due to its very high price in the international markets (1 Kg of morphine costs about one crore/half a million dollars). India's geographical location is very strategic for drug peddling as it has the ‘golden triangle’ on eastern side and ‘golden crescent’ on the Western side. India is one of the countries for transit of morphine and other drugs. Cultivation of opium and production of Heroin is done in ‘golden quadrangle’ namely Varanasi, Lucknow, Bareilly and Badaun district of U.P (Uttar Pradesh) in India and adjoining states of Rajasthan and Madhya Pradesh. About 10 kg of crude opium give 1 kg of standard opium. This can be easily converted to Chinese Heroin (called No. 4 Heroin) and Brown sugar (called No. 3 Heroin—60% pure) that is available in India. Brown sugar is also called smack and its color is brown due to presence of sugar of milk, starch, powdered coffee, tea and coco or brick powder. The smack from ‘golden crescent’ is greyish and that used of ‘golden quadrangle’ is blackish-brown in color. Brown sugar is sold in small cellophane packets of 116 g each. The amount of Heroin in each packet may be 1/16th, 1/18th, or 1/2 of a gram. These cellophane bags are kept in a matchbox to avoid suspicion.¹⁹

There are no exact data about actual numbers of body packers, as all of them haven't been taken captive and only in some of them

present with symptoms of body packer syndrome. A careful autopsy of suspected body packers may reveal comprehensive data about packaging methods, exact number of packets, and type of the transported illicit drug and location of the packets in the body.

4. Conclusion

The present paper presents an accidental death of a heroin body packer in India. The deceased was found alongside the G.T. road in Haryana. The autopsy and toxicological analysis revealed 48 intact wrapped packets containing heroin in gastrointestinal tract, two damaged packet in the stomach. Each packet contains diacetyl morphine (heroin), monoacetyl morphine, codeine, diacetylcodeine and caffeine. Percentage of diacetyl morphine varies from 5.6 to 27.8%. Stomach contain-morphine, caffeine and codeine. Intestine, liver, spleen and kidney contain morphine and codeine. Pulmonary edema was present. Leakage of heroin from the damaged packet is responsible for the death of body packer. This accidental death of a body packer in India indicates that body packing is an existing problem in India.

Ethical approval

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Conflict of interest

None.

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